

**Boston Public Health Commission  
Mother's Hope, Mind and Spirit  
Boston, Massachusetts  
TI14442**

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**B&D ID**

21401

## **PROJECT DESCRIPTION**

**Expansion or Enhancement Grant**—Expansion and Enhancement (page 11)

**Program Area Affiliation**—Women

**Congressional District and Congressperson**—Massachusetts 8, 9; Michael E. Capuano, Stephen F. Lynch

**Public Health Region**—I

**Purpose, Goals, and Objectives**—The Mother’s Hope, Mind and Spirit project is based on the Mother’s Hope Project and aims to reduce the incidence and prevalence of both substance abuse and HIV/AIDS among poor, inner-city African American and Latina women in recovery from addiction in the Boston metropolitan area. The services are to be expanded by adding one site and enhanced through the implementation of (1) a Women’s HIV Prevention Leadership Training Institute, (2) brief group-based trauma treatment, (3) a stress reduction program, with (4) a spirituality curriculum, and (5) by providing client choice in the mix and sequencing of these activities. The objectives are elaborated on page 10. (pages 2, 7, 10)

**Target Population**—African American and Latina women enrolled in four Boston metropolitan area treatment programs: Entre Familia, Mom’s Project, Griffin House, and Women’s Circle. The age range was not specified. (pages 2, 9, 10)

**Geographic Service Area**—Boston and Roxbury, Massachusetts (pages 8, 9)

**Drugs Addressed**—Alcohol, heroin, crack/cocaine, marijuana (page 8)

**Theoretical Model**—The project will provide traditional outpatient and/or residential treatment augmented by comprehensive and holistic HIV prevention approaches for women who are in recovery and who have a history of trauma. (page 2)

**Type of Applicant**—Municipal

## **SERVICE PROVIDER STRUCTURE**

**Service Organizational Structure**—During the past 3 years, the Boston Public Health Commission has been implementing Mother’s Hope, a CSAT TCE/HIV funded initiative, providing SA treatment and HIV prevention services in Boston. The Mother’s Hope program enhanced existing SA treatment in three treatment programs by adding the Trauma Recovery and Empowerment (TREM) curriculum, a gender-specific, psychoeducational, group-based trauma treatment with an HIV component. The new enhanced program, Mother’s Hope, Mind and Spirit, will add a fourth site and will, in addition to the TREM curriculum, be composed of an evidence-based Women’s HIV Prevention Leadership Institute, as well as a Mindfulness-based Stress Reduction Program, with a spirituality component. (page 7)

**Service Providers**—On page 17, Table 1 provides a comprehensive listing of collaborating agencies and services. In addition, the sponsoring agency, the Boston Public Health Commission, has linkages with the Boston Consortium of Services for Families in Recovery and the Boston CARE Act Consortium. (pages 17, 42)

**Services Provided**—The services to be provided include trauma recovery training, leadership skills building, HIV prevention leadership training, mindfulness-based stress reduction, spirituality interventions, and a shorter psychoeducational trauma curriculum, designed to accommodate the needs of clients who cannot participate for the longer-term period required by TREM. (pages 11–13)

**Service Setting**—Residential SA treatment and outpatient clinics. (pages 9, 10)

**Number of Persons Served**—The goal is to recruit 20 new women per quarter, except for the first two quarters of Year 1 and the last two quarters of Year 5, for a total of 320 clients over the duration of the program, with an equal proportion from each of the four sites. (page 16)

**Desired Project Outputs**—The proposed outcomes are to reduce: HIV risk behaviors, alcohol and drug use, depression, anxiety, trauma symptomatology, criminal justice involvement, and homelessness and to increase spirituality, health status, employment, and retention in SA treatment. (page 2)

**Consumer Involvement**—A project workgroup (PW) is proposed, to consist of representatives from each of the four sites (i.e., one service provider from each program involved in the delivery of interventions, one current and/or past consumer from the system of care, one manager from each program involved in the project, and the staff of the project). The PW will review proposed curricula, protocols, staff training activities, and evaluation instruments; make assessments and recommendations regarding various aspects of the project; and review adaptations made in response to their recommendations. In addition, monthly client meetings will be held to discuss agency operations, program modifications, and news. Evaluation findings will be presented to this group once per year. Client feedback will be incorporated into the annual reports. (pages 16, 24)

## EVALUATION

**Strategy and Design**—The evaluation design will emphasize aspects of culture and gender that are related to the participation, satisfaction, and success of the proposed intervention. Program implementation and client outcomes will be evaluated through formative, process, and outcome evaluation activities. The formative evaluation will be conducted to assess the feasibility of the program intervention and its appropriateness to the setting and recipients. The activities, as outlined in the chart on page 20, include a readability analysis, cultural competence assessments, translation assessments, participant satisfaction surveys, and fidelity assessments. The process evaluation will focus on the program's success in recruitment, retention, staffing, and fidelity to the implementation of the proposed program components. The outcome evaluation will determine whether the project's goals and objectives have been achieved. A pre-/post test design will be used to look at change over time. The strategy to be used to achieve the 80 percent follow-up rate is outlined in detail in a table on page 19. (pages 19, 20, 21)

**Evaluation Goals/Desired Results**—The application includes no goal statements in the evaluation plan that apply to the overall evaluation. However, four testing hypotheses are stated on page 22 related to improvements in (1) the reduction of alcohol and substance use, (2) the reduction of HIV risk, (3) various psychosocial protective factors, and (4) service utilization. (page 22)

**Evaluation Questions and Variables**—Specific evaluation questions were not stated in the grant application.

**Instruments and Data Management**—Data management will be the responsibility of the data analyst under the supervision of the evaluator and the PI. Data analysis plans are stated in detail on page 23 (middle), including the types of statistics to be used. The measures to be used are listed in a chart in the appendix, on pages 94 and 95. They include the GPRA, the Maternal Health Habits Study, MOS-SF 36 depression subscale, Anxiety subscale of the SCL-90, Spiritual Involvement and Beliefs Scale, Conflicts Tactics Scale, Bandura Self-Efficacy Scale, HIV Risk Scale, and the Safer Sex Assertiveness Scale. (pages 23, 94, 95)